LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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YELLOW FEVER.

Whatever objection we may have to this expression as the name of a disease, we can not very well substitute any thing in its place. The term has been used so long for a definite form of a tropical fever, although its shortcomings are very conspicuous, that we accept it as having some meaning in the popular as well as in the medical mind.

We can not but consider it as a very curious circumstance that this fever has recently scourged very severely two well-known cities in the state of Georgia, and that thus far the medical journalism of the country has been very silent about the fact. We mention this truth without even pretending to make any explanation of it.

Savannah and Brunswick in Georgia have suffered very severely for a number of weeks. Brunswick is the capital of Glynn County, Georgia. It is a seaport, with a spacious harbor, vessels drawing thirteen feet of water entering it easily. Turtle River flows through it to the Atlantic. The town is about ten feet above high-water mark, and is the eastern terminus of the Brunswick & Florida Railroad. The sanitary condition of the place was wretched. It is about eighty miles from Savannah in a south-southwesterly direction.

As in all endemics of this kind, there was both in Savannah and Brunswick an immense deal of suffering, a high rate of mortality, numerous instances of heroic devotion with sacrifice of life, and the heart of the whole country was opened for the relief of the afflicted. The sympathies of the people were awakened to very active ministrations for aiding the afflicted, and these ministrations were seasonable and liberal. These are memorials of goodness that we record with great pleasure.

The lesson of suffering given to Brunswick should not be unheeded. Her people should see that there shall never be a repetition of such a disaster. A thorough system of drainage, for which Brunswick has eminent advantages, should be devised and effected under the guidance of the best science that can be commanded for the purpose. Every spot in the place should be made to participate in this sewerage, so that there can be no stagnant water nor garbage nor decaying vegetable material in the place nor in its surroundings. A persistent solar temperature of a high grade caught Brunswick reposing in imaginary security. As many people visited the place during the endemic, and left it for other parts of the country without carrying the disease elsewhere, it is plain that the cause of the evil was local. Heretofore the reports show that Georgia has been, with the exception of Savannah, almost exempt from the visitation of yellow fever. Augusta was afflicted in 1839; Bainbridge, on Flint River, in 1854 and 1873; St. Mary's, on the St. Mary's River, nine miles from the sea, and only fifteen feet above the sea-level, in 1808; and Savannah, only thirty feet above the sea-level, has had nine visitations of yellow fever. In 1854 Savannah lost five hundred and eighty victims by yellow fever.

We have spoken of the uncertainty connected with the name, yellow fever. It is often difficult to diagnose a severe case of remittent fever from yellow fever, and in a severe endemic there is not much time for well-established diagnosis. We do not entertain a doubt that many cases of severe

remittent fever that terminated fatally, both at Savannah and Brunswick, were classed as cases of yellow fever. Yellow fever comes in such multitudinous forms, presents such varying habiliments—not only in different endemics, but in the same endemic—that it is easy to see how mistakes of this kind may occur. Some years ago two self-sacrificing Roman Catholic priests in Mobile were regarded by the medical men of that city as almost infallible in diagnosing remittent from yellow fever.

Our remarks have been mainly directed to Brunswick. We have referred to this as her first affliction with yellow fever, so far as we have any record of her history; but Savannah, as we have said, has been frequently scourged; and her distinguished physician, Dr. Daniel, in his able work on the Autumnal Fevers of Savannah, published in 1826, shows that the yellow fever there is always the product of the soil and climate. Dr. Waring, in his report on the endemic of 1820, conclusively established its local origin. We earnestly hope that a trustworthy history of these two endemics of the present year in Georgia may soon be given.

We have examined with a good deal of interest a new work on yellow fever, written by Greensville Dowell, M.D. Dr. Dowell is the professor of surgery in Texas Medical College. In the preparation of this work he exhibits a very commendable industry, and his researches have been extensive. In these respects Dr. Dowell is eminently praiseworthy. His logic is often at fault, and involves him in mazy labyrinths. For example, Dr. Dowell says, "At Calvert, in 1873, a man came from Shreveport, where it was epidemic, and took the disease and died with black vomit, *and from him the whole village took it.*" The italics are ours. And then Dr. Dowell says, "Many left Galveston and went to interior towns, died, and did not spread the disease; as in report of the epidemic of 1867, in Galveston, where a young man left a cabinet-shop, where there were four cases, and took the disease, and died in San Antonio with black vomit. San Antonio is high, dry, and well drained, and yellow fever has never spread there." Why Calvert could catch yellow fever from a case that had been at Shreveport, and San Antonio could not catch it from a Galveston case that died at San Antonio with black vomit, we leave Dr. Dowell to explain, if he can. We may take up some of his quarantine statements in a future number, and have something to say of his wonderful and imaginary map of the yellow-fever zones of North America. We can not well understand why he did not extend those zones up to the open Polar Sea. There is as much reason for such extension as for a large part of the invasions which he makes into territories that never had a single case of yellow fever.

Original.

CLINICAL LECTURES.

LECTURE VI.—CLINIC FOR DISEASES OF THE SKIN, UNIVERSITY OF LOUISVILLE.

BY L. P. YANDELL, JR., M. D.,
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Gentlemen,—To-day *acne* is the subject of our discourse. This name includes quite a number of cutaneous eruptions, various in origin and behavior. Acne is conjectured to be a corruption of *acme*, which you are aware signifies maturity, perfection, the highest point. The disease appearing during puberty and seldom previous to this age, and puberty being the supposed acme of life, you readily perceive the probable origin of the word.

Flos ætatis, meaning the flower of life, suggesting the same idea, is one of its ancient titles. The vulgar name, "courage bumps," you have doubtless heard applied to acne, and lack of sexual intercourse suggested as its cause. This is the most abundant of skin diseases, and is really confined to no period of life, though it is rare before puberty, and usually disappears before the age of twenty-five. It is oftener encountered in males than in females. I shall describe some of the

more frequent forms of the disease. *Acne simplex*, or *acne pustulosa*, you see before you. Observe the eruption in its different stages. First it begins as a red, solid pimple, as a tubercle, or a papule, and next you have pustules. As the disease is generally seen, small, conical pustules, red and painful, miniature boils in fact, scattered more or less thickly over face, neck, shoulders, and breast, constitute this simple *acne*. Accompanying this, *acne punctata* and *acne indurata* are nearly always found. *Acne punctata*, or spotted acne, is the name given the little black dots you perceive scattered over the face. They are most numerous about the nose and on either side of it, and on the forehead. They are sebaceous material, filling up the sebaceous tube. Their color is from the dirt which collects on their surface. They are called *comedones* technically, and popularly grubs. When squeezed out of the skin they present a worm-like appearance, being thus shaped by the mouth of the tube through which they are forced by the act of expulsion. In this cheesy material is found a small parasite, not visible to the naked eye, but readily seen under the microscope. *Steatozoön folliculorum* is the parasite's name. It resembles in shape somewhat the white grub worm found in rotten wood. From two to twenty steatozoöns are said to exist in each comedone, and sometimes forty are found. Whether they have any agency in the production of acne or harmlessly dwell in and subsist on the sebaceous matter is an unsettled question. *Acne indurata* is the ovoid or roundish pimple you see in its different stages, bright red, dark red, or livid. It is hard to the touch. Pus may form in these tubercles and point, or be absorbed, or the pimple may disappear without suppuration.

Acne cerea, or waxy acne, arises from an excessive production of a tenacious sebaceous matter which, allowed to remain on the skin, forms a closely adherent wax-like crust, which may be a fraction of an inch to several inches in extent. The face is its usual location. Soilure gives it a brownish or blackish color.

Acne cornea, or horny acne, is *acne punctata* exaggerated. It is produced by the gradual pushing out of the comedone by the formation of the sebaceous secretion behind it. The exposed portion may acquire the consistency of horn, and in rare cases horns as large as the finger and several inches in length have been removed. A less pronounced form of *acne cornea* is not uncommon about the ear and nose.

Acne albida, or white acne, is the result of the collection of sebaceous matter beneath the epidermis in the follicles whose orifices are closed, thus preventing egress and soilure. Whitish, round, hard little bodies are seen and felt slightly elevated above the skin. This acne is called by some *strophulus albidus*, and by others *acne miliaris*. The term miliaria, you recollect, we applied to the "prickly heat," and sudamina, or "sweat blisters." Acne albida you see most often on the genitals, though it is not rare on the face, and especially about the lids and lips.

Causes of Acne. The predisposing cause of acne is asthenia—debility. This may arise from malaria, struma, dyspepsia, onanism, or any circumstance tending to the production of enfeeblement. The exciting causes are neglect of careful ablution; acrid character of sebaceous secretion; excess of sebaceous secretion; tenacious and inspissate condition of the secretion; occlusion of the mouths of the follicles; excessive heat, either solar or artificial; irritants to the skin, for instance, soap, tar, liniments, etc.

An eruption of acne pustulosa and acne indurata is a common occurrence during the use of iodide of potash and bromide of potash. If, during the administration of these medicines, the pores of the skin be kept well open by careful bathing the acne is much less likely to appear. The use of iron at the same time is also exceedingly advisable for the same purpose. Arsenic may be associated with the iron advantageously. This acne is, I take it, the result of inflammation arising from the elimination of the drugs through the skin.

Treatment. As far as possible remove all causes predisposing and exciting. For the malaria give quinine, iron, arsenic. For the struma give cod-liver oil, syrup of iodide of iron, syrup of the hypophosphites, and may be arsenic. For the dyspepsia give digestants, tonics and the usual medicines, and prohibit the use of tobacco, coffee, and whatever may induce the dyspepsia. For the onanism stop the habit, and administer genito-urinary stimulants or sedatives, as may be indicated, and order tonics and cold hip-baths in all cases.

Diet. This should always be of the very best. The appetite should be gratified in whatever it craves, and if deficient be augmented by every available means.

Ablution. This stands at the very head of remedies for acne, and if restricted to a single remedial agent I should unhesitatingly choose it. To be effective it must be frequently and painstakingly performed. Twice or thrice daily the affected skin should get a prolonged warm bath of soft water. This relaxes the orifices of the sebaceous follicles, and softens, to some extent, their contents. Soap should be freely used unless, as is the case in rare instances, it irritates the skin. (Erasmus Wilson, however, insists that healthy skin on a healthy person is never irritated by soap, and speaking of substitutes for soap he says: "They are sluttish expedients, half doing their work, and leaving the corners unswept.") The variety of soap I do not deem of any inherent importance, but having the profoundest faith in *placebos*, I would impress on you the wisdom of prescribing some particular soap. If you will direct your patient positively to use carbolic acid soap, or juniper tar soap, or the strong brown soap employed in the laundry, for instance, he is far more likely to do his washing diligently than if you merely tell him to "use soap freely." The more minute and emphatic your instructions the more impressed and convinced is your patient, and it is your duty to employ all harmless methods of facilitating the restoration of health. The soap used in bathing should be energetically rubbed on the skin with a coarse, rough wash-rag. The soap dissolves the outer layers of the scarf skin, or at least its effete particles, removes the oil on the surface and softens, more or less, the sebaceous or suet-like secretion of the oil glands of the skin. This process not unfrequently produces considerable redness, roughness, and even soreness of the skin for a few days. The soap must always be scrupulously washed off and the face thoroughly rubbed and dried after each bath. Oleaginous applications of any sort relieve the soreness and roughness just mentioned to a great extent. The recipe I now give you serves a double purpose. It soothes and heals, and at the same time by its astringency probably diminishes the size of the relaxed and distended follicles from which the sebrum has been pressed by the severe friction of the wash-rag and towel. However it may act it certainly assists the cure:

℞ Tannic acid..... ℈ i;
Morphine ..... gr. iv;
Rose ointment ..... ℥ i;
Oil of bergamot, sufficient to perfume.

Mix thoroughly. Direct to apply freely after bathing. The iodide of sulphur ointment is highly recommended by some in the treatment of acne. I have found it of no avail. The comedones, or black spots, should be squeezed from the follicles which they occupy, by means of the finger nails or a watch-key firmly pressed down over them. Dr. Piffard in his work on Dermatology figures a comedone extractor which acts on the same principle as the watch-key. The pustules of the acne, if painful or disfiguring by their size, should be lanced by the thinnest-bladed and finest-pointed instrument you can procure. This character of knife is insisted on because it gives the least pain and makes no scar. *Acne indurata* is but an imperfectly developed acne pustulosa, and requires no peculiar treatment. *Acne cerea* is removed by the warm water, soap, and friction. In some cases of rare obstinacy pure carbolic acid or tincture of iodine may be applied with advantage, and nitric acid, touched to

each follicle of the affected skin to obliterate them, may be necessary. *Acne cornea* must be removed from its bed in the distended oil gland by the methods before specified, and the follicle may, if necessary, be destroyed by escharotics. Acne albida, if it be desired, may be gotten rid of by lancing and squeezing.

Thus acne, by the plan I have given you somewhat minutely, may be cured in a very large number, indeed in the majority of cases. The ablutions may continue indefinitely to be necessary to the prevention of the recurrence. You will encounter numerous disappointments in the treatment of acne, arising from the negligence and indolence of the patients.

Acne rosacea does not deserve to be classed with the other acnes. In color it is flaming red, dull red, or even purple. It is attended by itching and pain sometimes, and often is without either. It may present pustules, indurate papules, or only erythema, and often, I may say usually, all three exist. Acne rosacea originates on the nose or the portion of the cheek immediately adjoining. It may eventually occupy large portions of the face or even its entirety. It appears oftenest after middle life, but is seen sometimes during youth. It is called erythematous acne, rose-drop, whisky-blossom, copper-nose, also carbuncle, from its supposed resemblance to the jewel of that name. Shakespeare makes Falstaff give a humorous and extravagant description of this disease on Bardolph's nose. You have all seen examples of *acne rosacea*, and doubtless have accepted the popular and erroneous opinion that it is always due to the immoderate use of intoxicating drinks. This eruption may begin as a blush on the nose and cheeks, or may originate in pimples on these localities. Its duration is indefinite. It often lasts for life. Its conspicuous disfigurement and bad reputation make it a sore annoyance to its possessor. Acne rosacea is often hereditary, and I incline to believe it is connected with the strumous diathesis. Its exciting causes are various. Dyspepsia and uterine troubles seem oftenest responsible for its existence. High living—by which is understood excessive drinking and eating—may bring it out. It is a disease of debility, and any cause leading to debility may develop it. Malaria often is its exciting cause. Once established it is especially aggravated by the use of alcohol and by smoking. To cure acne rosacea is often difficult, but usually possible. Correct the digestive disturbances; restore the uterus to health; eradicate the strumous taint; destroy the malarious cachexia; keep the sebaceous pores free from accumulated sebum by bathing, soap, and the watch-key or the comedone extractor; so far as that be possible, put every organ and function in the healthiest working order. These measures of themselves suffice for cure in many cases. You will perceive that these suggestions are by no means without trouble and difficulty of accomplishment, but they are nevertheless of essential importance.

Local treatment is required to perfect the cure in many cases. Saturated solution of tannin is a favorite application. Tincture of the perchloride of iron has many advocates. These substances should be kept in constant contact, or at any rate during the nights, for weeks or months. Collodion daily painted on the diseased skin answers well in many cases. My own treatment, having first secured the constitutional condition previously insisted on, is to touch each of the pustules and papules of the acne rosacea with fuming nitric acid. This obliterates the follicles or so far diminishes their size by the inflammation excited that they are apt to behave themselves properly afterward. The application is slightly painful, and may leave an insignificant scar. The cauterization may require numerous applications before the coveted result is secured. This treatment I saw practiced with great success by Dr. Tilbury Fox in London in 1867, and I have never gotten equally good results from any other method. Besides this I use tannin and morphine in ointment or glycerole of tannin freely on the eruption. The longer the duration of the disease and the greater

the systemic depravity, the greater are the difficulties of its abolishment. Relapses are very liable to happen. A return of the causes originally responsible for its development is apt to reignite the extinguished or subdued inflammation. The copperish or purple or blue color of the nose in rose acne is dependent on enlargement of the cutaneous blood-vessels of the skin from prolonged congestion.

Dr. Balmanno Squire has recommended an operation for this condition that seems to be exactly the thing needed. I have not yet had an opportunity of putting it in practice. With a delicate knife having the thinnest possible edge he makes numerous incisions through the offending vessels. The cuts are a line or so apart. The pain is trifling and the scar scarcely visible. The flow of blood amounts to nothing.

Permit me to recapitulate very briefly. Acne rosacea is a local inflammation having a constitutional foundation. Malaria and struma are often to blame for this malady. It is a disease of debility. The patient needs to be made otherwise well in order to cure the eruption. Nitric acid and the knife are the most reliable local remedies. Bacchia, bottle-nose, brandy-face, grog-blossom, copper-nose, or whisky-blossom, as it is variously called in popular phrase, is frequently without disreputable origin. Even the very most intemperately abstemious individuals may be its victims.

I shall conclude to-day's lecture with the discussion of *lupus*. You have this malady depicted in the plates and models in its various forms. They are labeled *lupus erythematosus, L. non-exedens, L. exedens.*

Lupus is admitted by all to be a scrofulous skin disease. Its name signifies wolf, and is due to its destructive disposition. It has been observed to develop at all periods of life, from infancy to senility, though it is most usual after adult age. Lupus commonly destroys only the skin, but it may devour cartilage and even bone. In all its forms its preferred field is the face, but no portion of the body is exempt. Lupus, though not self-limited, is inclined to heal in one direction as it advances in another. It produces hideous disfigurement, but seldom destroys life. In all its forms it leaves scars. Even in *lupus erythematosus*, where the tissue-destruction is subcutaneous, scars are left. Lupus scars are in appearance identical with the cicatrices of burns. They are ridged, wrinkled, fissured, serrated. They contract as the elements of inflammation die out of them, thus producing drawing and distortion. At first red, eventually the cicatrices become white. The exciting cause of lupus is debility. This debility, according to my observation, is oftener induced by intermittent fever, either frank or marked in form, than by any other agency. Deficient food, bad air, exposure, intemperance, the continued fevers, syphilis, and mercurialism may beget lupus on a scrofulous constitution.

Lupus erythematosus oftenest affects the face and hands. Open ulceration does not happen to it. It appears to be an inflammation of the cutis vera without destruction of the epidermis. The diseased cuticle is slightly elevated, deep red, and scales of scarf-skin are thrown off in more or less abundance. The disappearance of *L. erythematosus* starts in the center and travels outward, following the progressing inflammation slowly, and always leaving the characteristic scar. Erythema, you will recollect, means a blush or redness. *L. erythematosus* is the mildest form of this scrofuloderma.

Lupus non-exedens (*non-exedens* means not eating) selects the face as its favorite seat. It begins as a tubercle. This advances to suppuration. Absorption and atrophy succeed the suppuration, and the peculiar cicatrix remains. The tubercles (they occur singly or in groups) are red or purplish. The pustule is yellowish and small. Its contents are thick, gummy. The first lupus (literally the blushing wolf) advances in the form of erythema. This lupus proceeds in tubercles and pustules. Its movements, like those of the other, are slow.

Lupus exedens—that is, the eating wolf—is called also *L. devorans*, or devouring wolf,

and *L. vorax*, or ravenous wolf, and *L. serpiginosus*, or creeping wolf. This is the most horrid, most frightful, most painful, and most unmanageable of the wolves. It may commence as an erythema, a papule, or a pustule, and varies in the degree both of its rapidity and depth of ulceration. All the varieties of lupus may be commingled, and vesication is not infrequently encountered where malaria is the developing cause of the lupus. Lupus is commonly solitary, but more than one is sometimes met with on the same patient. A case of mine from Grayson County, in this state, had between a dozen and twenty patches of lupus at the same time on his hands, arms, face, and trunk.

Lupus exedens on the face often destroys nose, eyes, and ears, and by the contraction of its scars may draw the mouth far out of its normal position, and inconveniently diminish its size. In one instance seen in the St. Louis Hospital in Paris an artificial mouth had to be made, or at least the original orifice required to be cut larger in order to enable the patient to eat. Lupus, in private practice and under favorable circumstances, is not an unsatisfactory disease to treat. Given good appetite and good digestion, lupus usually disappears very kindly under the antiscrofulous treatment previously described in these lectures. External remedies are powerful adjuncts. Escharotics will generally finish the lupus if carefully applied after the general health has been perfected. Only the powerful escharotics deserve employment in the severer varieties of lupus. Vienna paste, caustic potash, arsenical paste are the best. Carbolic acid, or tincture of iodine, or nitrate of silver are sufficiently powerful for the erythematosus lupus. Carbolic acid is the best.

In conclusion, permit me to call your attention to the Sydenham plate, from London, and the Duhring plate, from Philadelphia, picturing *L. erythematosus* of the face. How wonderfully and beautifully perfect they are, and how equal in excellence! I commend Duhring's Atlas of Skin Diseases to you. It is a capital good work, and its charming illustrations enhance its value immensely.

Reviews.

Chemistry: General, Medical, and Pharmaceutical, including the Chemistry of the United States Pharmacopœia, etc. By JOHN ATTFIELD, Ph. D., F. C. S., Professor Practical Chemistry, etc. Seventh edition. Revised from the sixth (English) edition by the author. Philadelphia: Henry C. Lea. 1876.

The first edition of this book made a sensation nine years ago. It was so thorough and so well adapted to our needs that it was rapidly taken up and indorsed by teachers both in Great Britain and in this country. Experience in drilling classes by its method verified the first favorable impression. It was found to be not simply a collection of the facts of chemistry with enough of the philosophy to make reactions clear to the mind of the student, but to the teacher it presented for imitation a progressive treatment of the subject from the most simple phenomena, gradually unfolding to the growing comprehension of the student, by plain and enlarging views, the whole science as applied to medicine and physiology. The experiments advised were many and suggestive. The operations were so minutely described, and were to be performed by such cheap and accessible means, that an amateur could with small trouble and expense go through a course of chemical work without any other assistance. Many teachers, persuaded that the strangely formed and cumbrous apparatus of the lecture-room invested the study of chemistry with an air of needless mystery and difficulty, turned from them to adopt in preference the test-tubes and tumblers that the doctor's office could furnish. Thus was the occult science brought to our doors, and made to minister to the doctor's pleasure as well as to aid in the diagnosis of obscure diseases.

The nomenclature had been modernized in accordance with the most advanced views,

and at the same time was so conservative of established forms that the U. S. Pharmacopœia was in its next edition altered to agree with Attfield in that respect. It offered a system that fulfilled the need for names which should represent the modified principles of chemistry without being at the same time so much at variance with custom as to make them inconvenient and therefore inexpedient in pharmacy.

These officinal names have been recommended by the authorities to the framers of the next edition of the British Pharmacopœia, who will doubtless adopt them.

More than one hundred pages of carefully selected matter have been added to the original bulk.

The United States Dispensatory, for many years conceded by all as the best commentary on the Pharmacopœia, is not up to the times. Until it is revised Attfield's formulas will be considered the most satisfactory explanation of the affinities at play and the molecular changes going on in the operations of the pharmacy, as well as very good exponents of clinical chemistry. Even in that part which treats of the botanical preparations of the materia medica it contains more than the practitioner generally cares to know. The tabular schemes for analysis of salts of metals, for separation and identification of poisonous alkaloids by the Stas-Otto method, the divisions allotted to toxicology and volumetric analysis are all admirably arranged, either for full and leisurely study or for the hurried glance of the operator who wishes to make sure of the manipulation required in the examination of specimens before him.

Many cuts have been introduced for the first time in this edition. They have been put where they would do most good, and vie in clearness and precision with the excellent microscopic views of starches, sublimates, and urinary deposits that attracted attention in former issues.

For the benefit of the American medical or pharmaceutical student, who rarely has any knowledge of physic, and who has offered to him in other chemical text-books some of the important portions of chemical physics, it is to be regretted that too little is said about heat and scarcely any mention made of electricity. It is true this would not be expected of an ordinary work on chemistry; but in one so thorough, where so much pains is evinced to give all that is needed, we miss these things, and in justice it may be added these only.

In every other respect, from the moral exordium to the very full index, it is the most simple, most accurate, and completest book for the purpose that has been offered to the profession. J. W. H.

Miscellany.

MISTAKEN CHARITY.—The British Medical Journal says: "It has for many years been the custom at University College Hospital for the honorary medical staff to resign the whole of the fees paid by the students for clinical instruction to the Committee of Management, to enable them to defray the expenditure for general purposes. The sum so surrendered during the year 1875 was no less than *two thousand three hundred and forty-four pounds*, or something like one third of the ordinary income, excluding extraordinary donations, legacies, and interest on investments, etc. All honor to those gentlemen, members of the honorary medical staff, who first consented to resign their legitimate privileges, and to relinquish so large a portion of their hardly earned income, in order to enable the lay committee to meet the pressing necessities of an annually increasing debt, years ago; but surely it was never intended at that time to give up forever the lawful claims of those who came after them."

ARTIFICIAL IVORY.—For some time past the market is supplied with a substitute for ivory which owing to its cheapness bids fair to curtail the use and sale of genuine ivory goods in many respects. But this peculiar

compound has two great disadvantages. One is that by handling it with warm, moist hands, or when attempting to clean it with water, it becomes soft, swells up, and gets sticky. But the other drawback is more serious. Its composition being water, 80.80; *lead peroxide*, 16.04; barium sulphate, 26.05; glutin, 34.21; and various other less important substances,—*the employment of this compound in the manufacture of toys for children, mouthpieces, eating utensils, etc., is highly dangerous.—New Remedies.*

THE WAR IN THE EAST.—The Medical Director at Deligrad has telegraphed to Belgrade for some of the English surgeons to return to the front; and the directors of the English hospital have telegraphed to the National Aid Society, London, to send out more surgeons immediately. Colonel Loyd Lindsay has arrived in London from the seat of war, after having organized hospitals of the National Society both in Servia and Turkey for the wounded soldiers of both armies. Four surgeons left London on Tuesday evening for the society's hospital at Belgrade, re-replacing others whose duties at home have compelled their return.

WM. R. WARNER & Co. have received the Centennial award for their Soluble Sugar-coated Pills. This is the third grand World's Fair prize which attests the excellence of their wares. Messrs. R. A. Robinson & Co. are their agents at Louisville, Ky.

QUACKERY IN FRANCE.—The laws of France provide that no remedy whatever can be sold or even used without first being examined by a special committee of the Faculty of Medicine, and yet quacks make fortunes in that country.

SCARLET FEVER PROPAGATED FROM MILK. Dr. Buchanan, in his report on a recent outbreak of scarlet fever in South Kensington, says that the disease was apparently propagated through the agency of milk.—*Medical Record.*

"ANOTHER MAN;" BEING AN ALLEGORY.—A farmer near Alexandria, Va., having been troubled much with chicken thieves, set a trap for their benefit. Much to the agriculturist's horror, a few evenings later, the gun was discharged, and the body of a popular colored preacher was found near his hen-house; which only goes to show that we ought to know whom we are shooting at.

"TO-DAY we killed a man in the arena, and when we broke his helmet-clasp, behold! he was not Thos. J. Wilson, but our brother!"

THE Philadelphia Medical Times entered its seventh volume with the last number.

THE Clinic reports forty Cincinnatians in the Ohio Medical College during the present term.

SYDENHAM, the English Hippocrates, was chief physician in London from 1660 to 1670.

Selections.

UTERINE FIBROIDS.—"In the treatment of uterine fibroids," Dr. Lombe Atthill remarks, "we have made progress, but not as yet to a satisfactory extent. This much we know for certain, that many such cases, if menorrhagia be not excessive or pain intense, are best left alone; and it is astonishing in how many instances, even where menstruation is profuse, this course proves to be a wise one, treatment being restricted merely to what is absolutely necessary to prevent the flow being excessive. But, unfortunately, exceptions are of but too frequent occurrence; and how are we to treat these? The removal of large fibroids by abdominal section has been successfully practiced, but the risk of life involved in the operation is great; and the attempt to remove smaller ones by means of the *écraseur*, after dilatation of the cervix, is, I can vouuch from personal experience, a difficult and eminently hazardous process. Again, enucleation is tedious, unsatisfactory, and often dangerous. We have, however, at our command a resource which, if not all that we desire, is still generally efficient in controlling hemorrhage, often sufficient to arrest the growth of the tumor, and sometimes apparently capable of reducing its size. I allude to the hypodermic injection of ergot, which, if it has failed in this coun-

try to produce the almost marvelous results ascribed to it by Hildebrand, is, if properly carried out, a safe as well as an efficient remedy. In my first cases the results obtained were not only uncertain but unsatisfactory, for troublesome sores sooner or later formed at the seat of the injection. Of late, however, I have obtained much better results. In not one of ten cases recently under my care, in which I fairly tested this treatment, has the hypodermic injection of ergot been followed by the formation of an abscess or sore; in all it had more or less effect in restraining hemorrhage. In one the injection was repeated almost daily for five months, with the effect of absolutely restraining excessive menstruation, but with no other beneficial result, for the bulk of the tumor remained unaltered, and the pain was as intense as ever. Still it was no small matter to have transformed a profuse and exhausting flow, which formerly lasted for twelve or fourteen days, into one of moderate character and of but two or three days' duration. It is evident, then, that in ergot, employed hypodermically, we have a powerful agent, one capable of exerting a marked influence on uterine fibroids, but still uncertain in its action, and not altogether to be relied on."—*British Med. Journ.*

CAUSES OF IMPERFECT CURES AND RELAPSES IN CLUB-FOOT.—Dr. Little says the causes of imperfect cures or relapses of the deformity after an apparent cure are,

1. Omissions of operation at an early period. The earlier the period of operation the more perfect would be the cure. Operation might be practiced the day after birth.

2. The undue importance attached to the division of the tendo-achillis alone.

3. The treatment by instruments where the patient's foot was kept too long in a fixed position. By this the healthy use of the joint was lost.

4. The intrusting of the after-treatment too much to attendants instead of the surgeon himself. The excellence of the results would be in proportion to the amount of personal attention paid by the surgeon. Not a single day should pass without his reapplying the apparatus.

5. The insufficient estimate of the difficulties sometimes met with by the operator, and his consequent neglect to inform the parents of the true nature of the case. He was in the habit of informing parents that the after-treatment of the case would be required to be attended to by them till their child had arrived at an age when it was responsible for itself.

6. Improper use of apparatus in those cases where the cure had not been completed before the patient was able to walk.

In relapsed cases he deprecated redivision of the tendon, or resection of the muscle itself. The heroic proposal to divide all the tissues *en masse*, between the skin and tarsal arch, was unnecessary and useless. Even although there was no risk of bleeding, and though the divided nerves united again, still there would probably be pain and risk.

He had endeavored from an early period to simplify the mechanical appliances employed, whether or not any cutting operation in each particular case be needed.

During the last ten years he had gradually advanced to the present state of his experience, that every case of congenital varus in an infant under nine or ten months of age requires absolutely no other mechanical appliances than a roller bandage and one or more padded metallic splints successfully adapted to the limb in proportion as its form and position improve, and that more elaborate apparatus based upon Scarpa's or Stromeyer's modified Scarpa's shoe, or upon steel and India-rubber springs, with leg-irons, is only required when either ill-fortune, inattention, or neglect has prevented the treatment from being carried out early or in a thorough manner. He laid down the following rules:

Whether or not any division of tendons be deemed necessary, commence the treatment at the earliest period the health of the infant, the state of the mother, and other circumstances permit, even within twenty-four hours or the first week of birth. If in doubt as to need of operation, "take further advice," or try gentle mechanical treatment only, by means of his splints, for a few weeks. Whether or not any operation be performed, remove and reapply the splint at least once in each twenty-four hours, and whenever it appears to be seriously displaced. Practice and teach the nurse to effect, daily or oftener, gentle manipulations, pressings and stretchings of the distorted parts toward the desired form and position, and guard against the ankle losing any portion of its natural movement; overcome thoroughly the inversion of the foot and the contraction of the sole before attempting to bring down the heel, especially if resort be had to operation.

However favorably the case may progress, do not permit the part to assume for a moment any portion of the former evil position from which the treatment may have gradually rescued it, or allow the child on any pretense to be placed upon the foot before full natural eversion and bending can be readily effected by the attendant, and anatomically or spontaneously by the child.

A well-treated successful case of severe congenital varus can apply the sole and heel properly to the ground, with the toes turned out, and walk at the age of twelve to sixteen months as well as a sound child.

In conclusion, Dr. Little showed how he considered a cure of club-foot could be effected before the

child was twelve months old, so that not only should the foot be perfect in shape, but also in function. This consisted in the application of a well padded straight splint, at first exactly molded to the deformity; gradually each day the angle was to be changed, until the foot, from the position of *varus*, assumed that of *valgus*. It should be kept at this for a few days. While the process was going on the movement of the foot at the ankle should be performed each day. If necessary, the tendo-achillis might be divided, and a splint with a screw used. By this means the surgeon could in twelve months obtain a perfect cure, and thus avoid all unnecessary expense to the parents or annoyance to the patient.—*Monthly Abstract of Medical Sciences.*

Successful Removal of an Extra-Ulterine Fetus.—Dr. E. T. Easley, of Little Rock, Arkansas, reports (Am. Practitioner, Sept. 1876) the following interesting case: Frances T., aged thirty four years, married, mother of three living children; duration of pregnancy, twenty-four months; position of child, directly across the front of the abdomen, head in right iliac fossa, back to pubic symphysis. Incision in the line of the linea alba, extending from an inch above the umbilicus to within an inch of the pubes. The cyst—dense, fibrous, and tough—was not adherent in front, but had contracted extensive adhesions below. The child, of good size and well preserved, was adherent intimately at *all* points to the cyst. Liquor amnii absorbed; placenta nearly atrophied; the cord a mere string. The child was broken up and extracted piece by piece, a tedious dissection; and the cyst cavity sponged out and cleansed with a chlorinated wash. The edges of the cyst were stitched to the abdominal wound by a fine, uninterrupted suture, and the whole closed by deep, interrupted sutures, made to include the cyst walls. Free drainage was kept up from the lower end of the wound, and the cyst cavity constantly cleansed with antiseptic solutions until it has gradually become obliterated by suppuration and granulation. I succeeded in excluding all exudation, hemorrhage, or fluids from the peritoneal cavity. The patient is now in better health than since this pregnancy occurred. The operation was undertaken on account of the exhaustion and irritation of rapidly recurring attacks of pelvic and abdominal pain, and at the urgent desire of the patient and her friends. Doctors Watkins, Southall, Cross, Dibrell, and Smith were present, and ably and judiciously assisted.

Hydrate of Chloral in Puerperal Convulsions.—Dr. Chouppe, having had the opportunity of observing carefully a considerable number of cases of puerperal convulsions, has come to the conclusion that, of all the means we possess, the hydrate is the most reliable for treating this disease. In twelve cases in which it was alone employed the termination was successful, although in some of these the state of things seemed desperate when it was commenced. He thinks, indeed, that it should be resorted to even before the disease becomes confirmed, whenever the woman, exhibiting albuminuria and œdema, complains of headache, singing in the ears, hallucinations of vision, restlessness, cramps, or vague pains in the limbs, etc. When there is trismus present it should be given in enemata, which have also the great advantage of being able to be given during the paroxysm. The doses will vary according to the tolerance of the patients and the severity of the paroxysm, but it is necessary to commence with a pretty strong one (especially if the paroxysms are violent and close upon each other), in order to make a powerful and quick impression. After a calm has been obtained, and if the attacks do not recur, some smaller doses may be given during the next twenty-four hours or so; but if the attacks recur large doses must again be resorted to until the paroxysms have completely ceased. In an enema we may always begin with thirty grains, repeating this at the end of ten minutes; and by the mouth at least forty-five grains should be given at once, fifteen grains being repeated every quarter of an hour. In a violent attack the dose required will vary from one hundred and twenty to one hundred and eighty grains; and it may even be requisite to resort to hypodermic or intravenous injection. In all cases it is of importance to get at least sixty grains rapidly taken, and to prolong the use of the chloral for a tolerably long time after the cessation of the convulsions.—*Gazette Med.; Amer. Jour. Med. Sciences.*

The Influence of Phthisis upon Childbearing.—Among the numerous theses sent in this year for the Doctorate of Medicine of the Faculty of Paris is one by M. F. Ortega upon the above subject. The essay is fairly summarized in the Revue des Sciences Medicales, and the following are among the chief conclusions arrived at by the author as a result of investigations in ninety-five cases. Phthisis has in the first place a marked effect upon conception; thus the author only met with thirteen out of his ninety-five females who, after the commencement of pulmonary symptoms, bore more than one child, and a third pregnancy was very rare in such circumstances, although many of the women were multiparæ. In all these cases the phthisis was in the first and second stage; in one only it was advanced. In this case there was an abortion at the fourth month, and death shortly after. As to pregnancy, more than one third of the cases aborted or were premature deliveries, and reckoning only those who had a tubercular history, in but one half did the pregnancy last till full term.

Phthisical mothers are moreover unable to suckle their offspring, for, setting aside ten cases in which phthisis developed during and probably under the influence of lactation, only eleven out of sixty-four infants were suckled by their mothers, and these infants, healthy at first, soon showed signs of insufficient nutrition, and died with enteric symptoms. M. Ortega's cases show also that pregnancy hastens the evolution of phthisis to a marked extent, delivery being rapidly followed by the death of the mother, although the first days of the puerperal state are generally marked by a considerable abatement in the pulmonary symptoms. Both pregnancy and lactation he regards as exciting causes of phthisis in predisposed subjects. —*Lancet.*

TREATMENT OF ORCHITIS.—Dr. John K. Spender, in the Medical Examiner, August, 1876, calls attention to the possibility of curing orchitis without surgical interference. The plan he adopts is to administer antimony in small and repeated doses for at least twelve to fourteen hours. He narrates a case of a young man who had received a blow on the left testicle, and who was seen a few days afterward. Recourse was had to hot local applications, and a draught containing twenty minims of antimonial wine, with two minims of tinct. opium in an ounce of spearmint water, was directed to be taken every hour for twelve hours, then gradually at longer intervals. Pain was relieved simultaneously with the establishment of a profuse diaphoresis. Within three days the man was virtually well. The same mode of administering other drugs may be adopted with benefit, as in many cases success depends upon keeping the medicine constantly in the system.—*The Doctor.*

TREATMENT OF SPINA BIFIDA BY ELASTIC LIGATURE.—At the meeting of the Société de Chirurgie on May 3, 1876, M. Mouchet communicated two cases of spina bifida treated by elastic ligature. In the first case the tumor was at the level of the sacrum. It was first emptied by puncture, and an elastic ligature was then applied at the base of the sac. By the twenty-first day the child was cured. In the second case the tumor occupied the lumbar region, and the elastic ligature was applied immediately after birth without any previous puncture. The child died on the eighth day from intestinal troubles, but without any symptoms of paralysis or convulsion. Six cases in all have been recorded of this mode of treatment, out of which there are three successes, one failure, and two deaths.—*Obstetrical Jour. of Great Britain.*

THE TOXIC PROPERTIES OF GLYCERINE.—MM. Dujardin-Beaumetz and Audigé have made a series of interesting and elaborate experiments upon the poisonous effects produced upon dogs by large doses of glycerine, which were injected under the skin, the conclusions arrived at being as follows: 1. Glycerine, chemically pure, causes in the dog, in twenty-four hours after being introduced under the skin, deadly effects when the dose is in the proportion of 8 to 10 grammes to a kilogramme of the weight of the dog. 2. The toxic effects (acute glycerism) are comparable within certain limits to those of acute alcoholism. 3. The microscopic lesions in glycerism are analogous to those of alcoholism, which tends to induce the belief that the toxic effects of these substances are almost the same. 4. From a therapeutic point of view, there may, therefore, be some danger in introducing glycerine into the economy in too large quantities.—*Bull. Gen. de Thérap.*

CARBON BISULPHIDE AS A LOCAL APPLICATION TO STRUMOUS AND SYPHILITIC ULCERS. — M. Guillaumet, who has experimented extensively upon the local employment of carbon bisulphide, says, in reply to objections that have been made to its supposed poisonous character, and on account of its smell, that, as regards the first, it may be freely inspired without harm, and, for the second, that it may be deodorized by peppermint essence and tincture of iodine; the latter augmenting its beneficial effects. He mentions cases in which it has been of value when used in lupus of the face, and in strumous and syphilitic ulcerations of the female generative organs.—*Jour. de Thérap.*

RADICAL OPERATION FOR EMPYEMA.—Peitavy, in *Berlin Klin. Wochens.*, No. 19, recommends that in empyema resection of one of the ribs should be performed. He takes out an inch of the rib; an operation easily performed, and without loss of blood. In the cases he cites the sixth, seventh, or eighth are mentioned as being operated on. The resection not only allows free escape of pus, but in healing contracts the diseased cavity; and it is this last effect which Peitavy thinks the most important. He objects to the usual incision, as it begins to close so quickly, and after a short time the catheter or canula can only be introduced with difficulty, and finally not at all. If retained *in situ*, the canula gives great annoyance and pain.—*The Doctor.*

PHYSIOLOGICAL ACTION OF CONDURANGO.—Dr. T. Lauder Brunton has published in our excellent cotemporary, the Journal of Anatomy and Physiology (April, 1876), a number of experiments instituted by him to determine the physiological action of condurango. "The general result of all these experiments is that condurango is physiologically inert."—*Amer. Jour. Med. Sciences.*